



City
of
Milwaukee

EMPLOYMENT APPLICATION for PUBLIC HEALTH NURSE

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application before submitting.
5. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email: _____</p> <p>Day phone: () - _____ Evening phone: () - _____ Cell phone: () - _____</p>	<p>Do you currently live in the city of Milwaukee?</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p>NOTE: City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>					
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; border-bottom: 1px solid black;">TYPE</td><td style="width: 25%; border-bottom: 1px solid black;">NUMBER (if any)</td><td style="width: 25%; border-bottom: 1px solid black;">TYPE</td><td style="width: 25%; border-bottom: 1px solid black;">NUMBER (if any)</td></tr></table>		TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
TYPE	NUMBER (if any)	TYPE	NUMBER (if any)		
<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p>					

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title _____ Employee ID# _____

Department _____ From (month/yr) to (month/yr) _____

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE PAGE 13 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education, and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

[illegible]

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed see following page.

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY--continued

Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ _____	

[illegible]

Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ _____	

Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: 	

BACHELOR'S DEGREE IN NURSING (BSN)

	Yes	No
1. Do you have a Bachelor of Science Degree in Nursing (BSN) from an accredited nursing program? <i>You must submit your transcripts with this application.</i>	<input type="checkbox"/>	<input type="checkbox"/>
1a. If yes, please indicate:		
College or University:	_____	
Location:	_____	
Degree Earned:	_____	
2. If you do not have a BSN, are you <u>currently</u> enrolled in a BSN program?	<input type="checkbox"/>	<input type="checkbox"/>
2a. If yes, please indicate:		
Year in School (Fr., Soph., Jr., or Sr.):	_____	
College or University:	_____	
Location:	_____	
Degree Earned:	_____	

NURSING LICENSE

	Yes	No
1. Are you currently licensed as a Registered Nurse in the State of Wisconsin?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, what is your license number?	_____	
If you answered "No", please describe your current situation and when you expect to receive your license.		

DRIVER'S LICENSE

	Yes	No
1. Do you have a current valid State of Wisconsin driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, what is your driver's license number?	_____	
3. Do you have an automobile that you can use on the job?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this automobile properly insured?	<input type="checkbox"/>	<input type="checkbox"/>
Note: A valid Wisconsin driver's license and properly insured automobile are required for this position. If you answered "No" to any of the above questions, please explain below:		

If more space is needed please make additional copies of this page or attach additional sheets.

EXPERIENCE

- A. List number months you have worked as a professional nurse in each of the following categories. If the assignment was less than full time, provide average hours worked per week.

Category of Professional Nursing**Months**

1. Public Health

2. Community (specify agency or agencies)

3. Hospital (specify type)

Obstetrics

Pediatrics

Psychiatric

or

4. Nursing Faculty (specify courses taught)

5. Other (specify type)

B. **LANGUAGE SKILLS**

Can you establish and maintain a conversation with a client who only speaks one of the following languages?

Spanish ☐ Yes ☐ No

Laotian ☐ Yes ☐ No

Hmong ☐ Yes ☐ No

Vietnamese ☐ Yes ☐ No

Russian ☐ Yes ☐ No

Other: _____

☐ Yes

☐ No

If more space is needed, please make additional copies of this page or attach additional sheets.

Describe how your education and experience have prepared you to effectively perform the duties of a Public Health Nurse with the Milwaukee Health Department.

Please describe any clinical experience you have had in a public or community health agency. Include name of agency and length of experience.

Briefly describe any other training and experience you have had which would qualify you for the position—if you have not provided the information elsewhere on this form.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

☐ Yes ☐ No

If yes, what kind of accommodations will you need?

- ☐ A signer
- ☐ A reader
- ☐ Extra time
- ☐ Other (Please describe) _____

Comments: _____

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

☐ Yes

☐ No

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

Your birthdate must be provided and will be used for conviction verification: _____

PLEASE PRINT

1. Name: _____

LAST
FIRST
MIDDLE
2. Recruiting information: How did you **FIRST** hear about this job opening? (*please check only one*)
 - ☐ A. Milwaukee Journal Sentinel
 - ☐ B. Other Newspaper (please specify) _____
 - ☐ C. City Hall Posting
 - ☐ D. Library Posting
 - ☐ E. Community Agency Posting (please specify) _____
 - ☐ F. College or University Posting (please specify) _____
 - ☐ G. From a City Employee
 - ☐ H. From Someone who is NOT a City Employee
 - ☐ I. Job Hotline Number (414-286-5555)
 - ☐ J. Received Job Interest Postcard in mail
 - ☐ K. Job Fair/Career Talk (please specify) _____
 - ☐ L. TV (please specify station) _____
 - ☐ M. Radio (please specify station) _____
 - ☐ N. **www.milwaukee.gov/jobs**
 - ☐ O. Other internet site (please specify) _____
 - ☐ P. OTHER (please specify) _____
3. Sex (please check one): MALE _____ FEMALE _____
4. Race (please check one):
 - ☐ Black/African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
5. List any languages, other than English, which you speak **FLUENTLY**: _____
6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____